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**\*BIBDATASHEET\*****CONFIRMATION NO. 5912**

Bib Data Sheet

SERIAL NUMBER 10/665,539	FILING DATE 09/19/2003  RULE	CLASS 473	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 20705.0 (Berghash et al.)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None* *(MA)*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* *(MA)*

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\*\* 12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>(Signature)</i>	INITIALS <i>(Initials)</i>		
Verified and Acknowledged				

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## TITLE

Hand shield for hockey stick

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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